No. 2
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41825

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 1264

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 322 S. 6th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 40 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 322 S. 6th Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Pauline Wingfield

3. (b) If veteran, name war None — 3. (c) Social Security No. None

4. Sex Female — 5. Color or race White — 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fred Wingfield — 6. (c) Age of husband or wife if alive about 54 years

7. Birth date of deceased April (Month) 13 (Day) 1900 (Year)

8. AGE: Years 40 — Months 7 — Days 18 — If less than one day ____ hr. ____ min.

9. Birthplace Cosby (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lindzey Ables
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Laura Harrington
15. Birthplace Fort Scott (City, town, or county) Kansas. (State or foreign country)

16. (a) Informant Laura Harber
(b) Address 616 Main St. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director H. O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Dec 3-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1st year 1940 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Viewed Dec, 1st 40, to ____, 19__; that I last saw ____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris — Duration

Due to

Due to

Other conditions none (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
(e) While at work? (e) Means of injury

23. Signature R. W. Tadlock (M. D. or other) Coroner
Address King Hill Bldg. St. JOSEPH Date signed 12/2 '40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elbert R. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.